

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10671855

09-25-03

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	9					
TOTAL CLAIMS	12					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								